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Bib Data Sheet

CONFIRMATION NO. 2137

SERIAL NUMBER 10/658,302	FILING DATE 09/09/2003 RULE	CLASS 224	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. TTC-13002/08
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** CONTINUING DATA *****

NONE

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** FOREIGN APPLICATIONS *****

NONE

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	Verified and Acknowledged	Examiner's Signature <i>Justin M. Larson</i>	Initials JML	

ADDRESS

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TITLE

Collapsible container holder

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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